

## Policy

### Traditional Medicine and Medical Deontology

Antonio Panti

President of Order medical physicians, Florence, Italy

Deontological values to which the 2006 renewed doctors' code adheres are not changed toward the so-called complementary or non-conventional medicines, toward the therapies that find their roots in the popular traditions and toward whichever practise not previewed from official medicine. The doctor must carefully inform the patient of what he proposes and about the alternative existing therapies. He must see that the patient is not subtracted to the more effective therapies, when these exist, and he must remember that he always operates only under its own and not delegable responsibility. The doctor cannot use secret therapies and he must always propose therapeutic practises that have some methodological foundation and that must not be imaginative or just of its personal experience. Inside of these borders the doctor has the maximum freedom of action and he must have in fact a good knowledge of the most common complementary therapies to the official medicine, in order to avoid damages for pharmacological incompatibility and to be able to integrate, in the patient's interest, several therapeutic proposals.

### Medical and Food Ethnobotany of the Mediterranean Area

Andrea Pieroni

Division of Pharmacy Practice, School of Life Sciences,  
University of Bradford, UK

While a large number of small-scale studies have been carried out in very restricted territories and small communities, a serious comparative analysis of the overall Mediterranean ethnobotanical data is still missing, partially due also to very different methodological approaches. Such a comparison may be crucial for substantiating ethnomedical uses of specific botanical taxa to be proposed for further pharmacological and clinical evaluations. Especially, studies on traditional medical practices and folk *pharmacopoeias* among communities living on 'cultural borders' and new and ancient diasporas in the Mediterranean may be very important for understanding how food and medical ethnobotanical knowledge change over time and space. The article will also briefly illustrate a few case studies conducted by our research group in Southern Italy, Istria and Northern Albania during the last 10 years and will discuss a few of the most interesting folk phytotherapeutical/ethnomedical findings. In particular, this presentation will also show results of RUBIA ([www.rubiaproject.net](http://www.rubiaproject.net)), the first collaborative research project on ethnobotany ever funded by the EU Commission, which have involved in 2003–06 eight Mediterranean universities and research centers.

### Unconventional and Complementary Medicine in Tuscany, Italy: The Process of Integration within the Public Health System (1996–2007)

Katia Belvedere<sup>1</sup>, Elio Rossi<sup>2</sup>, Sonia Baccetti<sup>3</sup> and Fabio Firenzuoli<sup>4</sup>

<sup>1</sup>General Direction of Health Regional Department of Tuscany, Tuscany,

<sup>2</sup>Homeopathic Clinic, Campo di Marte Hospital, Local Health District n. 2, Lucca,

<sup>3</sup>Acupuncture and MTC Clinic, Fior di Prugna, Local Health District n. 10,

Firenze and <sup>4</sup>Phytotherapy Clinic, San Giuseppe Hospital, Local Health District n. 11, Empoli, Italy

Tuscany Region integration model of non-conventional medicine in the public regional healthcare system is unanimously considered to be the most significant in Italy and could be considered a reference point on a European level. The main types of non-conventional medicine (defined subsequently as Complementary Medicine) are acupuncture, traditional chinese medicine, phytotherapy and homeopathy. This level of integration has been achieved also thanks to the hard work of local organizations and non-conventional medicine health care workers collaborating together despite belonging

to different schools of thought and doctrinal orientations and heterogeneous cultures, in conjunction with the Health Regional Department of Tuscany and Political Forces of the Tuscan Regional Council concerned with the integration of non-conventional medicine in the public health care service.

### The Safety of Traditional Medicines

Francesca Menniti-Ippolito

National Centre for Epidemiology, National Institute of Health, Rome, Italy

European traditional medicine is part of a larger system which in Italy is defined as unconventional medicine. Among unconventional medicine, in general, products of natural origin, and in particular, herbal medicines are the most used. Traditional medicine is considered by its users safer, than conventional medicine, and often used as self-medication. To study the safety of products of natural origin a spontaneous reporting system has been implemented in Italy. The reports of suspected adverse reactions are sent by fax to the National Institute of Health (Istituto Superiore di Sanità) where all the forms are collected and entered in a centralized database. All reports are individually evaluated by a multidisciplinary group of experts. From April 2002 to March 2007, 234 spontaneous reports of adverse events (AEs) were collected. Sixty-seven percent were related to women. The mean age of patients was 42 years. In 31% of reports a concomitant conventional drugs was reported. A large proportion of AEs were serious: hospitalization was reported in 35% of forms; 6% reported life-threatening events and two fatal events were signaled. About 50% of AEs were reporting of gastrointestinal disorders (abdominal pain, nausea and vomiting symptoms, dyspepsia), skin disorders (face edema, angioneurotic edema, itching, urticaria) and psychiatric disorders (hallucination, confusional state, agitation, anxiety) and nervous system disorders. Mainly herbal products (66%) were considered responsible (4% ayurvedic remedies and 3% products from traditional chinese medicine). Seventy-four percent of these products contained more than one plant extract (up to more than 60 components). Twenty-one cases of hepatitis of various degrees of seriousness were reported; among these one or two cases of toxic acute hepatitis were associated with infusions of *Chelidonium majus*, used as self-medication on the basis of the traditional use of this plant (for dyspepsia and sore throat). Hepatotoxicity of *C. majus* is well known. Twenty-one reports (9%) were associated with homeopathic preparations; 27 different products were involved (4 single-component homeopathic preparations and 23 preparations containing mixtures of substances and a variety of dilutions). Fourteen reports regarded reactions to products containing propolis, 12 of these concerned allergic reactions. Safety and efficacy of 'natural' medicine remain unknown. Encouraging the reporting can contribute to improve awareness among clinicians and patients about the benefit/risk profile of these remedies.

### Herbal Medicines: The European Future Scene

Gioacchino Calapai

Department of Clinical and Experimental Medicine and Pharmacology,  
University of Messina, Italy

Market of herbal medicines is actually ruled in different ways in the European countries causing further obstacles to an homogenization of their use. Moreover, herbal medicinal products are widely sold and ruled as dietary supplements and important aspects such as indications, safety, quality standards are also evaluated by different points of view or not considered in the appropriate way. However, the more recent years registered a revision of medicinal legislation and it includes relevant news regarding products containing medicinal plants which could change the future of herbal medicines in Europe. These news are reported in the European Directive 24/EC/2004. The Directive admits for the first time that an herbal medicine needs authorization like the other medicinals and that it can be released only after the submission of a full application to the regulatory authorities. Results of pre-clinical tests or the results of clinical trials will be not requested where the applicant can demonstrate by detailed references to published scientific literature that the constituent or the constituents of the medicinal product has or have

a well-established medicinal use with recognized efficacy and an acceptable level of safety. But at the same time the most important aspects of pre-clinical and clinical (including precautions, warnings and contraindications) will be evaluated. A simplified registration procedure is previewed for traditional herbal medicinal products not responding to the criteria of recognized efficacy. The therapeutical indications of these products are limited to those that can be self-medicated not requiring medical intervention. Another important aspect is that at the time of application these products have been used with medical scopes for a time of 30 years, including 15 years in the European Community. Even though the fundamental objective of the Directive is the harmonization of European market of herbal medicines the new legislation introduces important rules which adoption by the whole European community can contribute for a safer use of herbal substances.

#### Chinese Herbal Medicine in Europe

Renato Crepaldi

*President Matteo Ricci Foundation, Bologna, Italy*

Traditional use of herbal medicines refers to the long historical use of these medicines. Their use is well established and widely acknowledged to be safe and effective, and may be accepted by national authorities. Traditional Chinese medicine (TCM), which is the quintessence of the Chinese cultural heritage, has a long history of 5000 years as that of the Chinese nation and has made an everlasting contribution to the survival of Chinese Nation and producing offspring and prosperity. The author points out Traditional Chinese medicine in Italy and Europe between contemporary clinical practice and national and sovranational rules.

#### Integrative Medicine in Italian Public Hospital

F. Firenzuoli, L. Gori, G. Corti, P. Rossetti, S. Gasperini, M. Lucchesi and D. Massai

*Referring Center for Phytotherapy, Tuscany Region, School of Natural Medicine, S. Giuseppe Hospital, Azienda USL 11, Empoli, Italy*

Ten years after the first Service of Phytotherapy started its activity in an Italian public hospital, today we have in the S. Giuseppe Hospital Empoli a real operative unit deeply integrated with other hospital clinical units: like the Department of Internal Medicine, Oncology and Pediatrics and Biological Chemistry, with the aim to build interdisciplinary multistep common pathways for different diseases. Actually the Center of Natural Medicine offers the followings services of complementary medicine: phytotherapy, traditional Chinese acupuncture, clinical ear acupuncture, chirotherapy, the service of natural medicine in oncology, pediatrics and geriatrics. There is a service of biological chemistry for control and evaluation of natural substance controls and a service of natural veterinary medicine. Research is one of the main purpose of our center that we deal in collaboration with other centers both national and international, we are deeply involved with the activity of pharmacovigilance in herbal extracts of the Tuscany Regional Center of Pharmacovigilance, Italian National Institute of Health and the Office of Pharmacovigilance of Italian Ministry of Health. We are particularly involved in the educational activity and we have courses for different health care givers, professionals (physicians, nurses, pharmacists, herbalists) and we have established an university master of Clinical Phytotherapy in collaboration with the Florence University School of Medicine. We have published many books for professionals and patients. For patients we organize periodical educational meetings, including news and information on local and national media, and through our website ([www.naturamedica.net](http://www.naturamedica.net)) both in Italian and English.

#### Homeopathic Therapy within the Public Health System (1998–2005): Observational Study of 1514 patients

Elio Rossi, Cristina Endrizzi and Maria Alessandra Panozzo

*Homeopathic Clinic- ASL 2 Lucca- Tuscany Regional Homeopathic Reference Centre, Italy*

The Homeopathic Clinic of Lucca Local Health Authority 2 has operated at the Campo di Marte Hospital since 1998 and is the Reference Centre for Homeopathy in the Region of Tuscany. Clinical activity from September 1998 to 31 December 2005 registered 1514 patients in total who were consecutively seen, for the most part concerning respiratory diseases (27.7%) with a particular incidence of pathologies of an allergic nature. Data were recorded concerning age, sex, residence, occupation, type of pathology for which homeopathic treatment was requested, use of conventional therapy and previous recourse to homeopathic treatment if applicable. WinC.H.I.P. (Computerized Homeopathic Investigation Program) was introduced for data collection (anamnesis, use of drugs, etc.). Approximately 44% of outpatients evaluated for various pathologies at the Homeopathic Clinic since its inception returned for follow-up, with 17.3% of patients seen again after an interval of 2 months, 9.0% after 6 months and 7.0% of patients followed up after a year; the percentage of patients seen after 18 months was 2.2% and after 2 years 3.1% whereas only 0.9 and 0.3% had a follow-up after 60 and 72 month, respectively; after 7 years, 0.06% of patients were seen again after the first time. For patients treated at follow-up there was an evaluation of the effect of the therapy concerning the principal pathology of the presenting symptom, measured according to the percentage of regression of the symptom reported by the patient (Glasgow Homeopathic Hospital Outcome Scale) whereas more recently we have adopted a visual analog scale (VAS) of the symptom.

#### Positive Aspect of Weed for Agro-biodiversity Conservational Priorities

Rizwana Khanum

*Pakistan Museum of Natural History, Garden Avenue Shakerparian Road Islamabad, Pakistan. Postcode 44000*

Weed control measures and policies often view weedy plants as problem species that interfere with agricultural productivity. This results in these plants being eradicated sometimes indiscriminately without regard for their other economic importance. In rural areas of Punjab, Pakistan, however, people are turning to the use of traditional medicinal plant species that include important weeds. This study analyzed the use of weed species in contemporary traditional medicine in rural Punjab areas. A total of 59 respondents were interviewed, (these included males and females) using a semi-structured questionnaire, detailed personal discussions with the local people and regular systematic walk in the fields to identify plants and collect ethnobotanical specimens. On the basis of the total number of specimens used for health purpose of each family, their percentage of the healthway use has calculated that which indirectly shows their importance. The results showed that 27 species in 17 plant families are used as sources of traditional medicine for 41 ailments (despite of the small area for this study as it only encompasses some areas of Pothohar–Punjab, region). Two families had particularly high percentage of medicinal weed species, for example, like Arecaceae (14.8%) usage plants like *Brassica campestris*, *Capsella bursa-pastoris*, *Sisymbrium irio* are used in ailments like skin diseases, diuretic, etc. In Asteraceae (11.1% usage) plants like *Carthamus oxycantha*, *Calendula arvensis*, *Artemisia scopia* are used in dressing of ulcers and as asphordic. These weed species, therefore, deserve to be considered as important plants when a government is legislating problematic plants species. This shows that traditional medicine in this region may be undergoing changing patterns as far as medicinal plant utilization is concerned. The medicinal weed species used for the treatment of ailments, need to be incorporated in agroecosystems in this region as domesticated plants or plants in the process of domestication.